



Belfast Health and
Social Care Trust

Excellence & Choice

A Consultation on Older People's Services
January 2009

CONTENTS

- 1. Introduction3

- 2. Guiding principles for the delivery of services for older people5

- 3. How are services for older people currently delivered?.....7

- 4. What are the current & future demands on services for older people?9

- 5. What influences the changes required in current services?12

- 6. How will services be delivered in the future?.....19

1. INTRODUCTION

The right care in the right place

Belfast Health and Social Care Trust was formed in April 2007 from the merger of six Trusts. Four of these were acute Trusts – The Royal Hospitals, Belfast City Hospital the Mater Hospital and Green Park. Two were community Trusts, serving North and West and South and East Belfast.

The new Belfast Trust is working to build on the fine legacy of care we have inherited from these Trusts – by joining up hospital and community services in a way that gives people choices and offers the right care in the right place.

We are also making sure there is no unnecessary duplication of services and that we keep trying to find better ways of providing high quality care.

In addition, our modernisation programme is helping us find the significant efficiency savings that the Northern Ireland Assembly has asked all public bodies to make.

Belfast Trust's overall purpose is to improve health and wellbeing and reduce health inequalities – putting people's needs at the centre of all decisions, providing services locally where possible and making the best use of all our buildings and other resources.

We began a conversation on the future delivery of health and social care services in Belfast in 2008 when we explained the way we want to do things in the future for the benefit of service users. The citizens of Belfast gave these proposals – outlined in a document called New Directions – a fair hearing and encouraged us to proceed.

In looking at how we might best provide services for older people in Belfast in the future we asked one simple question -

Where do I go if I need support because I am an older person?

The model of care favoured by the Trust is that older people should be maintained in their own homes, supported by a network of care services that enable them to maintain their quality of life.

This is in line with the choices that many older people are already making. Many documents commissioning services have also highlighted the need to promote health and wellbeing by working in partnership with, for example, the housing sector to maximise independence, provide a range of long term living options and improve services for people suffering from dementia.

This document describes the range of services we provide for older people, how we are redesigning them and our commitment to ensuring integrated acute and community care. For example we are redesigning our specialist acute and rehabilitation services, looking at what care we provide in hospital and what care we provide in the community. We are also streamlining our day hospitals and reforming domiciliary (home) care, reviewing how we support carers and developing our workforce.

As part of the way services are developing we believe for example that older people will be relying less on residential homes when choosing the type of support or care they want.

By developing a fuller range of long term living options, in partnership with housing providers and the independent sector, we know we can provide these residential services in more appropriate settings.

Therefore, following this consultation, we would begin, as a matter of policy to phase out permanent admissions to our statutory residential homes with the exception of those homes providing specialist care eg. for people with dementia.

If you live in a residential home now, please be assured that we respect the fact that it is your home and no changes about your support and care will be made without your agreement. If at some point in the future we are proposing to change the use of some of our residential homes we will formally consult fully with residents, their relatives and staff of the homes.

But we are asking for your support and understanding about the changes we propose to make in the future. Between now and March 26 we are seeking the broadest possible discussion on the way forward in services for older people. If there is agreement on the approach outlined in this document, we would begin to phase out the policy of using our statutory residential homes as permanent homes and focus instead on maintaining people in their own homes with an appropriate level of support.

This document is asking for your understanding and support for the way in which we move forward. The views of older people, their carers and families, elected representatives and others looking to the choices they want to have in Belfast when they get older are central to everything we do. I hope people will continue to give us a fair hearing and also give us their views so that we can provide the highest possible quality care and support.



William McKee
Chief Executive

2. GUIDING PRINCIPLES FOR THE DELIVERY OF SERVICES TO OLDER PEOPLE

The following guiding values and principles to underpin services have been developed from consultations with older people.

Participation

Older people and their carers will be involved in the planning and development of their own health and social care services.

Quality

Services will be person centred.

Effectiveness

The right person for the right length of time will deliver services at the right time in the right place.

Dignity

Services will ensure that older people's dignity is maintained throughout their experience of services.

Inclusion and Equality

Services should be accessible and usable by all older citizens.

Independence

Services should be designed to support older people's independence in their own homes and communities.

Rights

Services should uphold the human rights of older people including those with complex needs.

Honesty

Services should be open and accountable.

Respect

Attitudes to older people should reflect the contribution they have made throughout their lives.

Choice

There should be a range of service options that provide real choice. In addition:

- services will be integrated and provided on a Belfast-wide basis.
- service improvement and modernisation will be based on best practice.
- staff will be supported in their professional and personal development and
- services will be delivered in an efficient and effective way within available resources.

These principles are consistent with Eastern Health and Social Services Board's Commissioning Strategy, Living Fuller Lives (Bamford Review), Our Trust's vision for health and social care - The Belfast Way, and our New Directions document

3. HOW ARE SERVICES FOR OLDER PEOPLE CURRENTLY DELIVERED?

Health and Social Care Services have seen important changes in the way they are organised and delivered over the past 10-15 years.

In the past, hospital care was the focus for older people's services, providing the main acute, rehabilitation and long stay care for those who had become frail or cognitively impaired. Community care provided a limited range of services. More recently it was recognised that hospitals could not and should not be the model for supporting people to manage their long-term conditions.

Over time services are being rebalanced. Key changes now mean that:

- The majority of older people with significant needs receive their care in their own home.
- Community Nursing Services are provided round the clock, including several areas of specialist support, i.e. diabetes, respiratory conditions, oncology, and heart failure. These services help people manage their conditions at home, avoiding frequent and disruptive admissions to hospital.
- A new tier of community services known as Intermediate Care has been developing. These services focus on helping older people achieve maximum independence following a period of illness or the onset of disability for example, following a stroke, fracture or complex health and social care issues.
- New Integrated Community Teams have been or are being developed, improving team working across General Practice, District Nursing, Social Care, Care Management and Allied Health Professions.
- There is better access to diagnosis and support for people with cognitive difficulties through the provision of Memory Clinics.
- There are new services for people with dementia, including supported housing and a wider range of day support and specialist home care.

- Preventive aspects of care services have been strengthened through partnership working with key agencies. Healthy Ageing Programmes and information are now widely available across the city.

These changes signal important shifts in the delivery of services for people with complex health and social care needs. This is the right thing to do and it is what people want.

Hospitals are increasingly focusing on what they do best, providing high quality diagnostics, treatment and care with an emphasis on shorter lengths of stay and better integration with primary and community care through clear pathways into community services.

However, much more remains to be done across the system to improve the health and well being of our older population. Important challenges include:

- the earlier identification of people developing serious long-term conditions to ensure prompt treatment, rehabilitation and care, reducing disability and enhancing quality of life.
- improving acute stroke services, rehabilitation and community support.
- better dementia services for people with challenging behaviours with a greater emphasis on skilled multi-disciplinary assessment, treatment and care planning.
- improved domiciliary care to improve access to high quality flexible services, which are available around the clock and can respond to the full range of needs.

4. WHAT ARE THE CURRENT AND FUTURE DEMANDS ON SERVICES FOR OLDER PEOPLE?

Population ageing is a key driver for international, national and local policies. It is well recognised that the conditions that account for most disease are primarily related to old age. Older people are the main users of hospitals and community health and social care services. The greatest concentration of health care costs occurs in the last year of a person's life, whatever the age of death.

According to population projections Belfast Trust's older population will see a 5% decline in the number of 65-74 year olds and a 7% decline in 75-84 year olds. However, we expect to see a 22% increase in the number of people aged 85 and older.

These demographic projections are likely to have a significant impact on the allocation of resources from those who fund our services in the next 10 years. At the same time the Trust will see an increase in the numbers of the very old who tend to require more intensive services.

Availability of carers

Demographic projections suggest that more people may need care in the future but there may be fewer carers. The Carers and Direct Payments Act (NI) 2002 is a reflection of the Government's intention to support carers through the provision of assessment and carers services or a direct payment to help them manage the demands of caring.

Belfast Trust has taken steps to improve support to carers through the appointment of two carer co-ordinators who have developed a number of initiatives to better support people who carry out this very important role.

We recognise that carer identification and support is a high priority now and into the future.

Expectations

People increasingly expect services to be of high quality and tailored to their needs and wishes. Northern Ireland is also increasingly a multi-cultural society – and this also needs to be factored into service planning.

There is a continuing need to change service design if we are to meet the expectations and demand into the future. These changes must: -

- enable older people to remain independent and active as they grow older and
- reduce the impact of crisis by putting in place services and systems, that can effectively respond to chronic and acute needs.

This will mean reducing reliance on hospitals to provide the spectrum of services people need. It will mean ensuring that those who need access to high quality acute care can easily access it and those who no longer require acute care continue their rehabilitation and care pathway into well developed primary and community services.

Workforce

There are significant health and social care workforce issues to be addressed if we are to meet these strategic challenges.

Key to these is the need to develop much greater specialist knowledge and skills about the needs of frail, vulnerable older people who need the greatest share of health and social care resources.

Critical to this change will be the need for professional leadership to develop new ways of working within intermediate primary and community care. Over time, key professional staff will be working across traditional organisational boundaries and therefore working in new environments. The necessary acquisition of new skills and expertise needs to be developed in all sectors and by all disciplines.

Steps will also need to be taken to improve the recruitment and retention of basic grade staff working in domiciliary and community settings.

The Trust will need to develop a workforce strategy to deliver on these key needs as well as working to provide guidance on implementing the single assessment process which streamlines and co-ordinates all the assessments an older person receives.

Our success will be influenced by our ability to recruit and retain staff across the full range of treatment, rehabilitation and care services.

Examples of changing patterns of working include:

- Integrated care teams working in primary care requiring a range of professionals to develop shared vision and ways of working including, single assessment processes, and joint training.
- Intermediate care teams comprising a range of professionals working in an integrated model delivering rehabilitation and care in a range of settings, including the private sector.
- Specialist community nursing, working accident and emergency departments and wards, supporting effective discharge planning and the prevention of unnecessary admissions to hospital.
- Geriatricians - previously exclusively hospital based - working on a sessional basis in the community supporting intermediate teams and primary care.
- Mental health specialists working in intermediate care to support assessment and care planning for individuals with cognitive impairment.
- Older people's assessment and liaison services (OPALS) working in hospitals and alongside medical, surgical and specialist services colleagues, ensuring the knowledge and skills of old age specialists are available and accessible.
- Increasing numbers of rehabilitation assistants delivering rehabilitation and care packages.

5. WHAT INFLUENCES THE CHANGES REQUIRED IN CURRENT SERVICES?

Eastern Health and Social Services Board Commissioning Strategy: Older People New Opportunities 2006-2016

This strategy outlines the commissioning priorities for Older Peoples Services across the following key themes.

Promoting Health and Wellbeing

This requires Trusts to work in partnership with others to ensure that mainstream services such as transport, community safety, housing, Social Security, leisure and life-long learning are sensitive to the needs of the older population, and help promote active ageing.

Maximising independence

This requires Trusts to ensure that:

- Older people's care in hospital is properly co-ordinated through access to the right specialists and care pathways.
- Day Hospitals and Medical Assessment Units are reviewed to ensure they are accessible when needed and act as a resource to primary care.
- Case management approaches are available to help people manage their long-term conditions, avoiding repeat admissions to hospital where possible.
- Appropriate co-ordinated Out of Hours Services are available to respond to crisis.
- There is sufficient capacity in community based assessment and rehabilitation services to ensure that all older people get the opportunity to have rehabilitation and care.
- The recommendations of the Regional Stroke Strategy are fully implemented.
- A comprehensive service is in place for older people who fall to help prevent them falling in the future.

Long term living options

Trusts are required to ensure that:

- Nursing homes are better supported in the care of patients with complex needs.
- Partnership working with the housing sector is maintained to expand supported housing schemes.
- Domiciliary care services are expanded and improved
- Statutory residential care is reviewed in light of increased investment in community services.

Better dementia services and improved mental health

This requires Trusts to ensure that:

- Mainstream health and social services recognise and address the specific needs of those with cognitive and mental health difficulties.
- Community mental health teams are strengthened to respond to the needs of both early stage and complex needs.
- Day hospitals and day services are reviewed.
- Specialist domiciliary support is available.
- Better respite services for carers are available.

Bamford Review

In 2002 the Department of Health, Social Services and Public Safety initiated an independent review of all areas of mental health and learning disability including dementia. The report of the review specifically addressing people with dementia and older people with mental health issues is called Living Fuller Lives.

This document set out 55 recommendations. These set out areas where improvements in mental health and dementia services are required. These include:

- Better access to early diagnosis and support
- Sustained training and education
- Improved care in nursing and residential homes
- Increased access to housing and technology options
- Development of challenging behaviour services
- Improved access to respite.

Comprehensive Spending Review

In 2007, the Northern Ireland Executive published its Programme for Government, which included proposals for efficiency savings of 3% a year from 2008-2011 across the whole health and care system. Full details of the impact of this can be found in the Trust's overarching Equality Impact Assessment document.

The implications of providing services with less income are very challenging. The modernisation process in older people's services is taking account of the financial demands while balancing the need to streamline and improve services.

In the wake of the efficiency savings, older people services will be receiving significant new investment to modernise services. This important investment will have a positive and significant impact on the Trust's ability to further enhance hospital and community services for older people.

Maximising Outcomes Resources Efficiencies (MORE)

In order to manage the required efficiency savings alongside new investment the Trust has carefully considered services across the six legacy Trusts in order to pinpoint areas where duplication was clear, modernisation was required and services were under used

The Trust's MORE programmes facilitate the modernisation and streamlining of these services which will deliver both improved services and a substantial element of the required efficiency savings.

Services undergoing review within Older People's Services at present are:

- **Redesign of specialist acute medical and rehabilitation services for older people**

This initiative involves the re-provision of beds for the care of older people at Belfast City Hospital and the on the Royal Hospitals site. The buildings where these services are located are no longer fit for purpose and distance from the main hospital has always presented difficulties in accessing clinical services.

This new service will see the development of modern specialist acute, medical and rehabilitation wards within the main hospitals at the Belfast City Hospital and the Royal.

These acute inpatient services will have fewer beds. Instead they will be supported by a range of new services that will focus on making sure that the appropriate doctor sees the right patient - and the patient receives the most effective treatment and is discharged when ready to continue their rehabilitation at home or in an appropriate community environment.

- **Dementia services**

This work involves reviewing the current role of the inpatient beds at Knockbracken Healthcare Park.

The purpose of the review is to ensure that inpatient resources are used effectively to support the treatment and care of individuals who experience severe challenging behaviours.

This initiative will also include support to the Elderly Mentally Infirm nursing home sector in order to develop systematic ways to share best practice and partnership working.

Evidence suggests that improving approaches to the management of challenging behaviours substantially reduces the severity and frequency of symptoms.

This proposed service will require fewer inpatient beds. Instead it will benefit from an enriched community multi-disciplinary team, appropriate to the needs of people with dementia, working together to deliver high standards of care for both inpatients and individuals in the EMI nursing home sector or other community settings.

- **Streamlining day hospitals**

Day hospitals provide essential access to highly specialist diagnostics treatment and rehabilitation services. A review of day hospital work is underway to ensure that

- these services are located appropriately in hospital and community settings
- accessible to Accident and Emergency departments and primary care and
- delivered in an efficient manner.

- **Domiciliary care**

This initiative will modernise the Trust's own domiciliary care service enabling the provision of a more flexible and responsive service.

In addition, this project will ensure that all domiciliary or home-based services provided by or on behalf of the Trust represent best value for money.

- **Statutory residential care**

Our Trust's review of the provision of statutory residential services to older people is in response to the government's reform modernisation and efficiency agenda, which identified the need to place greater strategic emphasis on the provision of models of care which enable older people to live in their own homes for as long as possible. These overarching aims are prominently referenced in a number of key strategic documents:

A Healthier Future – A 20 year vision for Health and Wellbeing in Northern Ireland – 2005-2025

This presents a vision of how health and social care services will develop in Northern Ireland over the next 20 years. It sets out a number of targets and objectives for older people and includes issues such as:

- promoting health and wellbeing;
- protecting and caring for the most vulnerable;
- delivering services effectively and efficiently within the available resources;
- closer working between all of the people and organisations who influence health and well-being;
- improving the mental health and wellbeing of people aged 65 and over.

Eastern Health and Social Services Board Health and Wellbeing Strategy for Older People 2005-2015

This promotes a 'whole systems' approach to improving health and social care services for older people over the next 10 years to ensure that older people's independence is maximised and that long term care needs are met in quality environments.

VFM Audit

In undertaking a review of its residential care homes the Trust has considered the Value for Money (VFM) Audit of statutory residential homes undertaken by the management consults KPMG (March 2007) and a DHSSPS policy statement on Residential Care (March 2007). Both documents highlighted that statutory residential care does not provide value for money. They also emphasised that upgrading existing buildings to modern standards would be cost prohibitive and that investment in responsive home care services and supported housing options offers a more appropriate response.

Demand

There has been a steady downturn in the number of older people choosing residential care to meet their long-term care needs. The DHSSPS Community Statistics for the years 2003/04 to 2007/08 highlight that the number of available places has decreased across Northern Ireland by 20%. This occurred alongside an increase of 13% in home care packages and is in line with the choices being made by older people.

The decline includes residential care provided within the private and voluntary sectors. In addition, in all sectors, the nature of the service has changed with homes focusing increasingly on care for people with dementia, short stay respite and intermediate care- helping to maintain older people in their own homes. This strongly signals a decline in demand and need for long term residential care. Use of beds is mainly generated by short-term placements.

In the recent past, Trusts in Belfast successfully reconfigured residential services to provide domiciliary care and supported housing projects.

Following this current consultation Belfast Trust could also seek to re-provide services currently provided in our residential care homes with home-based care and supported housing schemes.

6. OUR VIEW OF HOW SERVICES COULD BE DELIVERED IN THE FUTURE

If we are to meet the aspirations of the older population, carers and the community, further important change is needed to redesign services and systems to support more older people in the community, maximise their independence and enable them maintain links with their communities.

These changes include: -

- **Hospital Services**

Reduced number of inpatient beds on general hospital sites with the creation of modern acute specialist services for older people.

- **Older People's Assessment and Liaison Service (OPALS)**

This is a specialist team within each of the Trust's three hospitals. Its purpose is to identify older people with complex needs as early as possible in their hospital journey to ensure that all their needs are identified and that they see the right specialists. This approach will help older people achieve improved health and independence.

- **Expansion of Intermediate Care Services**

The Trust is increasing the availability of a range of intermediate care services designed to improve older people's independence. These include additional community rehabilitation services and intermediate care places.

- **Expansion of 24-hour Community Nursing Services**

This will ensure that older people who need immediate access to skilled nursing can receive it at home.

- **Nursing Homes**

Improved multidisciplinary support to nursing homes, to help them manage long term conditions, palliative care and end of life care, and reduce avoidable transfers to hospitals.

- **Domiciliary Care**

Improving the Trust's inhouse domiciliary care service to boost domiciliary care generally and improve flexibility and responsiveness.

- **Coping with critical points and transitions**

Further expansion and improved co-ordination of a range of intermediate care services, which ensure access to timely rehabilitation services to maximise independence. This will ensure that no-one will have to choose long-term institutional care unless it is proven that no other alternatives are feasible.

- **Dementia**

The development of a specialist service to respond effectively to the needs of individuals with severe challenging behaviours. This service will see the reduction of current inpatient provision, alongside an improved multi-disciplinary service and the development of outreach support to EMI nursing homes and other community settings.

The Trust will provide continuing care to patients where discharge is not possible.

- **Community based housing and support**

More frail older people living quality lives at home in ordinary or supported housing made possible as a result of more joined up flexible primary care and community support services and more housing choices.

- **Telecare**

Telecare support mainstreamed and widely available, reducing risk, supporting carers and enabling people to live more independent lives.

- **Locality and neighbourhood**
A network of services, both formal and informal, for older people at neighbourhood level.

- **Prevention**
A network of practical and self-help services and personal support to prevent decline, reduced levels of falls and strokes and better access to preventive health care.

- **Engagement**
Older people engaged as valued partners who have a formal role in how services are designed and delivered, together with greater social inclusion and reduction in ageism.

- **Active Ageing**
Older people living active and healthier lives by accessing improved information, maximum income and appropriate transport and leisure opportunities.

- **Statutory residential care**
Since the introduction of the Community Care Reforms in 1990 there has been a significant increase in the availability of home care in response to the wishes of older people to remain as independent as possible in their own homes. Belfast Trust currently provides 2,204 home care packages to older people. This has increased from an almost zero base in 1993. It also means that 55% of older people with complex needs are cared for at home, exceeding the DHSSPS target of 44%. This achievement was supported by the former Belfast Trusts who replaced 11 statutory homes with care at home and other support over the past 15 years as more and more older people chose to stay at home.

Government policy continues to encourage Trusts to modernise services to provide services which support independence and wellbeing and which make best use of public resources.

Belfast Trust is now proposing to undertake further modernisation of its services to reflect changing demand and choices by older people.

We recognise for example, that the need for specialist dementia services will continue to grow and that further time is needed to plan and develop appropriate alternative models of care and support.

One of our residential homes, for example, is at an advanced planning stage of re-provision as a supported housing scheme. This modern facility will in the future also provide quality long-term care for people with dementia in its area.

It is clear that the traditional role of statutory residential care homes in the provision of long-term care continues to decline as older people increasingly choose to have their care needs met in their own homes. Residential care in general has diversified into short-term care, respite care, intermediate and dementia care.

It is time to consider the future of Belfast Trust's long-term statutory residential care facilities. We believe, for all the reasons outlined in this document, that the continued provision of long-term care in some of these facilities should be phased out. Therefore, following this consultation, we would begin, as a matter of policy to phase out permanent admissions to our statutory residential homes with the exception of those homes providing specialist care eg for people with dementia. But we need to know the views of the community and would welcome your comments.

It is important to reassure people who currently live or work in our residential homes that, if at some point in the future we are proposing to close or change the way we use our residential homes we will carry out detailed consultation on each individual home involving permanent residents, relatives, staff and staff representatives and other stakeholders following the conclusion of this current consultation process. Anyone currently living in a residential home will not be asked to leave and no change will be made without their consent.

In this document we are asking the community we serve to reflect and respond to the points made and help us develop even better quality services for older people in Belfast in the future.

Appendix 1

Programme of consultation

This document represents a formal consultation between Belfast Trust and the citizens we serve on how we should deliver services for older people.

The consultation period will open on 22 January 2009 and close on 26 March 2009.

We are sending this paper to staff, service users, carers and key stakeholders to ensure we consult as widely as possible. We will also respond to requests for further clarification and discussion as best we can.

Based on the responses we receive, a report will be presented to the Trust Public Board on 23 April 2008. This Trust Board meeting is open to the public.

Further consultation may be required on specific issues as a result of the responses we receive. We are committed to ensuring that we consult broadly on these.

Appendix 2

Equality and Human Rights

Excellence and Choice in Older People's Services outlines the Trusts views on the delivery of services to Older People in the future.

The Trust is committed to the principles of Equality and Human Rights underpinning the delivery and policy formulation of Older People Services.

In accordance with the statutory requirements and the Trust's 'Equality Scheme' any new or proposed policy that emerges on the delivery of services to Older People will be subject to Equality Screening and as required Equality Impact Assessment.

The Trust is fully committed to the safeguarding and promotion of Equality, Human Rights and will ensure the Equality and Human Rights implications are fully considered, assessed and incorporated as an integral part of the Trusts actions and decision making process.

The Trust welcomes any comments on Equality and Human Rights that you consider relevant on the views detailed in this paper.

Please include your comments in the response.

Appendix 3

Availability in other formats

In the interest of accessibility this document can be made available in a range of alternative formats.

For further information please contact:

Communications Services
Belfast Health and Social Care Trust
Nore Villa
Knockbracken Healthcare Park
Saintfield Road
Belfast
BT8 8BH

Tel: 028 9056 3770 or 028 9096 0077

Email: internalcomms@belfasttrust.hscni.net

Appendix 4

Your invitation to comment

Please tell us your name and address at the beginning of your reply. If you are commenting on behalf of an organisation, please tell us its name and what it does. If you have consulted other people or organisations in preparing your response please let us know.

The consultation period will open on 22 January 2009 and close on 26 March 2009.

Responses in writing should be sent to:

William McKee, Chief Executive
Belfast Health and Social Care Trust
c/o Public Liaison Services
1st Floor, Nore Villa
Knockbracken Healthcare Park
Saintfield Road
Belfast BT8 8BH

Alternatively, comments may also be emailed to:

publicliaison@belfasttrust.hscni.net

It would be helpful if you could entitle your email 'Consultation'.

Appendix 5

Freedom of Information Act (2000) – Confidentiality of Consultations

Belfast Trust will publish an anonymised summary of responses following completion of the consultation process; however your response, and all other responses to the consultation, may be disclosed on request. We can only refuse to disclose information in limited circumstances. Before you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a general right of access to any information held by a public authority, namely, Belfast Trust in this case. This right of access to information includes information provided in response to a consultation. We cannot automatically consider information supplied to us in response to a consultation as information that can be withheld from disclosure. However, we do have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity, should be made public or withheld.

Any information provided by you in response to this consultation is, if requested, likely to be released. Only in certain circumstances would information of this type be withheld.